MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
Q 9 1 6 8 9 8 5 5	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	+						51							
2		+					52							
3		+					53							
4		⊥					54							
5		⊥					55				⟩			
6		+					56			⟩				
7		+					57			⟩				
8		+					58							
9		+					59				⟩			
10		+					60				⟩			
11		+					61		⟩					
12		+					62							
13	+						63				⟩			
14		+					64			⟩				
15		⊥					65				⟩			
16		⊥					66				⟩			
17		⊥					67				⟩			
18		+←					68				⟩			
19		+					69		⟩					
20		⊕					70							
21		⊥					71				⟩			
22		⊥					72			⟩				
23		⊥					73			⟩				
24	+						74							
25		+					75				⟩			
26		⊥					76			⟩				
27		⊥					77			⟩				
28		+					78			⟩				
29		⊥					79			⟩				
30		⊥					80			⟩				
31		⊥					81			⟩				
32		⊥					82			⟩				
33	⊥						83			⟩				
34		+					84							
35		+					85							
36		+					86							
37		+					87							
38		⊥					88							
39		+					89							
40		+					90							
41		+					91							
42	+						92							
43		⊥					93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5						TOTAL IND.			2				
TOTAL DEP.	38						TOTAL DEP.			24				
TOTAL CLAIMS	43						TOTAL CLAIMS							

43/